

# APPLICATION FOR PARTICIPATION SUMMER FOOD SERVICE PROGRAM

NSD 8040 (2/00)

RETURN TO:

California Department of Education  
Nutrition Services Division  
560 J Street, Suite 270  
Sacramento, CA 95814-2342  
Attention: Summer Food Service Program Unit

PLEASE PRINT OR TYPE ALL INFORMATION

1. NAME OF AGENCY	NAME OF CONTACT PERSON
ADDRESS OF SPONSOR (INCLUDE STREET, CITY, COUNTY, AND ZIP PLUS FOUR)	TELEPHONE NUMBER ( )
NAME OF AUTHORIZED REPRESENTATIVE	FAX NUMBER ( )

2. Is the agency a year-round sponsor?

☐ Yes ☐ No

3. Type of agency:

- ☐ Public/Private School  
School Food Authority (SFA)  
☐ Government  
☐ Camp  
☐ Private Non-profit  
☐ NYSP

4. Indicate any other Child Nutrition Programs funded by USDA the agency participates in during the year:

- ☐ National School Lunch Program/School Breakfast Program  
☐ Special Milk Program  
☐ Food Distribution Program  
☐ Child Care Food Program  
☐ Adult Day Care Food Program  
☐ N/A

5. Number and type of sites:

Rural # \_\_\_\_\_ Urban # \_\_\_\_\_

6. Dates of operation:

From: \_\_\_\_\_

To: \_\_\_\_\_

7. Method of meal service (check one or more):

- ☐ Self-preparation  
☐ Vended

If vended, provide name(s) of vendor and attach a copy of the signed contract:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If self-preparation, provide name(s) and address of central kitchen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Average number of children to be served daily for all sites combined:

Breakfast \_\_\_\_\_  
AM snack \_\_\_\_\_  
Lunch \_\_\_\_\_  
PM snack \_\_\_\_\_  
Dinner \_\_\_\_\_

9. Does the agency receive more than \$300,000 in total expended federal funds? (Private non-profit agencies and Indian Tribes only.)

☐ Yes ☐ No ☐ N/A

If yes, indicate your agency's fiscal year.

Fiscal Year: \_\_\_\_\_

10. Does the agency want an advance?

Administrative costs:  
☐ Yes ☐ No

Operational costs:  
☐ Yes ☐ No

11. Does the agency wish to receive commodity foods?

☐ Yes ☐ No

**CERTIFICATION:** I hereby certify that all applicable state and federal rules and regulations will be observed; that to the best of my knowledge, the information contained in this application is correct and complete; and that the enclosed documents are accepted as the basic conditions in the operation of this program for local participation and assistance.

Signature of Authorized Representative:	Title:	Date:
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CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

COMMODITY ELIGIBLE  
☐ Yes ☐ No

Janice Hunt, Manager  
Summer Food Service Program Unit  
Nutrition Services Division

Approved  
TELEPHONE (916) 327-6465

MESSAGE LINE (800) 333-5675

Date  
FAX (800) 333-5775

Please answer the following in detail:

12. List dates for training of administrative and operational personnel. List names of trainers and topics to be covered.

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13. Indicate when sites will be visited during the first week and reviewed by the fourth week of operation.

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14. Describe corrective action procedures to be implemented when you observe problems during a monitoring visit or review at any site.

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15. Describe daily meal count procedures. Attach a copy of the meal count form that will be used, if you are not using the form in the USDA administrative guidance handbook.

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16. Describe your ongoing year-round service(s) to the community that would be served by the Summer Food Service Program.

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